Guide for IYTP

COMPLETE THE CLIENT PROFILE

Complete the following screens: Client Profile, Additional Information, Military Screen (if applicable), Contact Info, and Collateral/Custodial Contact (if applicable).
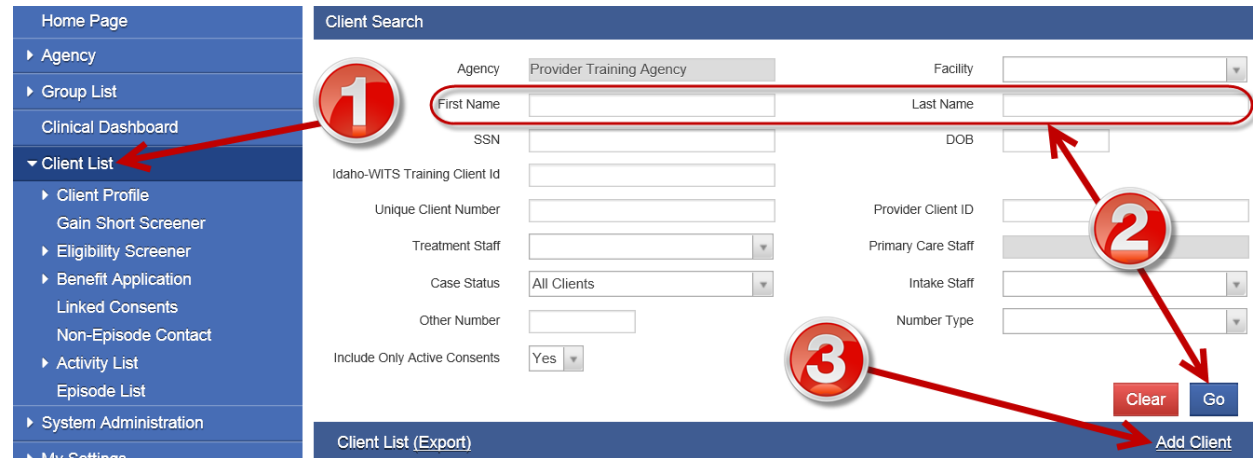
1. **Getting here:** Login, select the **Facility,** select **Client List** on the Navigation Pane (left menu) to generate the Client Search Screen.

2. Search for the client to determine if the client record already exists in WITS. Enter the **First Name** and/or **Last Name** of the client. Click **Go**.

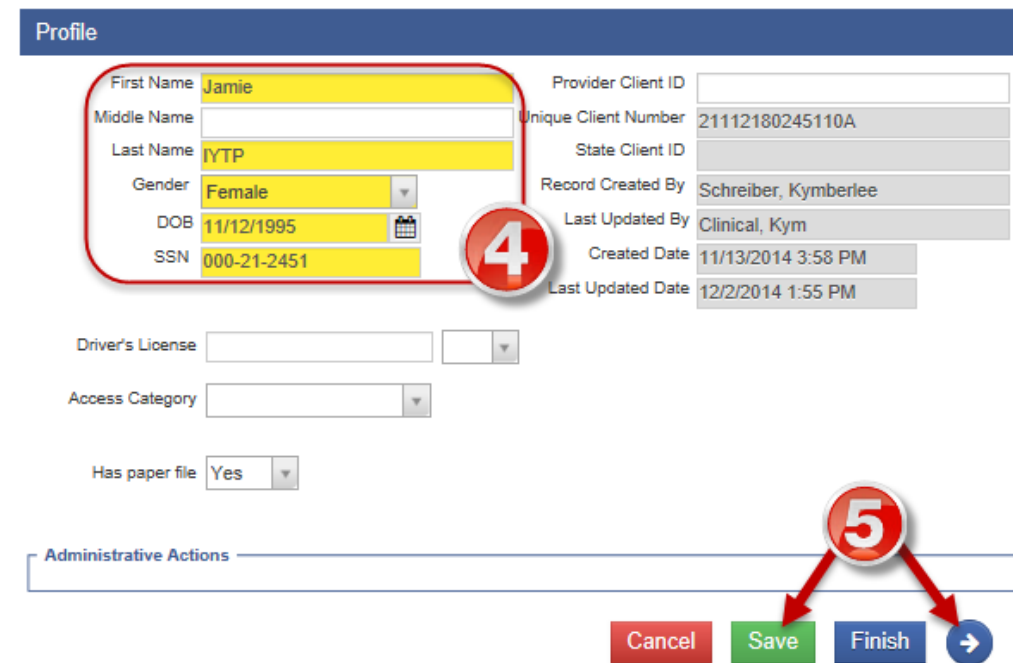*NOTE: If the client record already exists in WITS, proceed to Create the Intake.*

3. Click **Add Client**.

4. ***Complete all required fields***.

5. Click **Save** and ➡ twice to advance to the Additional Information screen.

Complete the Client Profile – Additional Information

6. Select **Ethnicity**, select **Races**, and select **Special Needs**. *To select Races, click on the Races in the left box and click* *to move the highlighted Races to the Selected Races box on the right. Follow this same process for Special Needs.*

7. Select **Sexual Orientation**. This is not a required field in WITS and therefore is not a yellow field. ***This is required information to be collected on IYTP clients.***

8. Select **Veteran Status**.

9. Click **Save** and click to advance to the Military Information screen *only* when the Veteran Status is Active Duty, Active Guard and Reserves, or Veteran. If not applicable,

   Click twice to advance to the Contact Info screen (proceed to Step 12).

NOTE: All light yellow screens on the Client Profile and Intake must be completed prior to conducting a GAIN-I Assessment.

Complete the Client Profile – Military Information

NOTE: This screen must be completed only when the Veteran Status is Active Duty, Active Guard and Reserves, or Veteran.

10. Select **Military Branches** and select **Active** or **Dependent** (as circled).

11. Select **Military Reserve Branches**, select **Active or Dependent**, and select **State** (as circled).

12. Select **Combat Theaters**, select **Served or Dependent**, and select **No. of deployments** (as circled).

13. Select **Yes** or **No** for each questions regarding Traumatic Brain Injury.

14. Click **Save** and click ⟳ to advance to the Contact Info screen.

Military Information

For which branch of the US forces are you on active duty or the dependent of someone on active duty?

Military Branches
- Army
- Coast Guard
- Marines
- National Guard
- Navy
- None

Active ▲

[search]

Active
Dependent

Selected Military Branches
- Air Force, Active

10

Are you Active Guard Reserves or Active Duty for Special Work in the Guard or Reserves? Reserves or dependent of someone Active Guard Reserves or Active Duty for Special Work in the

Military Reserve Branches
- Air Force Active Duty for Special Work Guard
- Air Force Active Duty for Special Work Reserves
- Air Force Active Reserves
- Army Active Duty for Special Work Guard
- Army Active Duty for Special Work Reserves
- Army Active Guard
- Army Active Reserves
- Marine Corps Active Duty for Special Work Reserves
- Marine Corps Active Reserves
- Naval Active Duty for Special Work Reserves
- Naval Active Reserves

Active ▾   Idaho ▾

Selected Military Reserve Branches
- Air Force Active Guard, Active, ID

11

Have you served or are you the dependent of someone who served in a combat theater of operation? If so, please indicate how many deployments.

Combat Theaters
- Desert Storm
- Global War on Terror, Operation Enduring Freedom
- Global War on Terror, Other
- Korea
- None
- Vietnam
- WWII

No. of deployments
Served ▾   2

Selected Combat Theaters
- Global War on Terror, Operation Iraqi Freedom, Served, 2

12

Have you been screened for Traumatic Brain Injury?   Yes ▾
If yes, have you been diagnosed with a Traumatic Brain Injury?   No ▾
Have you been screened for Post Traumatic Stress Disorder?   Yes ▾
If yes, have you been diagnosed with Post Traumatic Stress Disorder?   Yes ▾

13

14

Cancel   Save   Finish   ← →

Complete the Client Profile – Contact Info

15. Click **Add Address**.

NOTE: Phone numbers and an email address should be entered to allow BPA and treatment provider the ability to contact the client.

16. Select **Address Type**, enter **Address Line 1**, **City**, **State** and **Zip**. Click **Finish**.

17. WITS will check the address entered against the United States Postal Service database. Click **Select** to verify the address as it was entered or **Edit** to correct errors.

18. Click **Save** and **Finish**.

CREATE THE INTAKE

1. Click **Activity List** on the Navigation Pane (left menu).

2. Click **Start New Episode**.

3. **Complete all required fields**.

4. Select the **Date of First Contact** and update the **Intake Date**, if necessary. Select the **Pregnant** status and enter the **Due Date**, if necessary.

5. Select **Idaho Youth Treatment Program (IYTP)** as the **Priority Population**. Select **Yes** or **No** for **HIV Tested** and select the status for **Past IV Drug Use**.

6. Enter **Presenting Problem** in Client's Own Words.

7. Select **Inter-Agency Services**.

8. Click **Save** and **Finish**.

CONDUCT THE GAIN-I ASSESSMENT

1. Click **Assessments** on the Navigation Pane (left menu) and click **GAIN**.

2. Click **Sync Client Profile** and click **Perform GAIN Assessment**.

3. GAIN ABS will display in a separate window. Click **Treatment Episode** under the Client Record View.

NOTE: DO NOT click Create New Treatment Episode. Using this function will cause GAIN to have more episodes in WITS and the GRRS will NOT download into WITS when the number of episodes does not match.

4. Click **GAIN-I Interactive Interview**.

5. Select the Template of **GAIN-I 5.6.2 Full**.

6. Enter **IYTP** into the **Observation Verbatim** field.

7. Enter the **Time** and select **Morning** or **Afternoon**.

NOTE: Time must be entered in the specific format of 00:00 without the AM or PM designation. The designation of AM or PM is identified by choosing Morning or Afternoon.

8. Click **Save** and click **Begin Interview**.

Generate the GRRS Report

9. Click **GAIN-I {Conducted on…}**.

10. Click **Run GRRS Report (V2)**.

11. Select how to **identify the client** in the text of the report and **check the box to display the full name in the report header**.

12. Click **Generate New GRRS**.
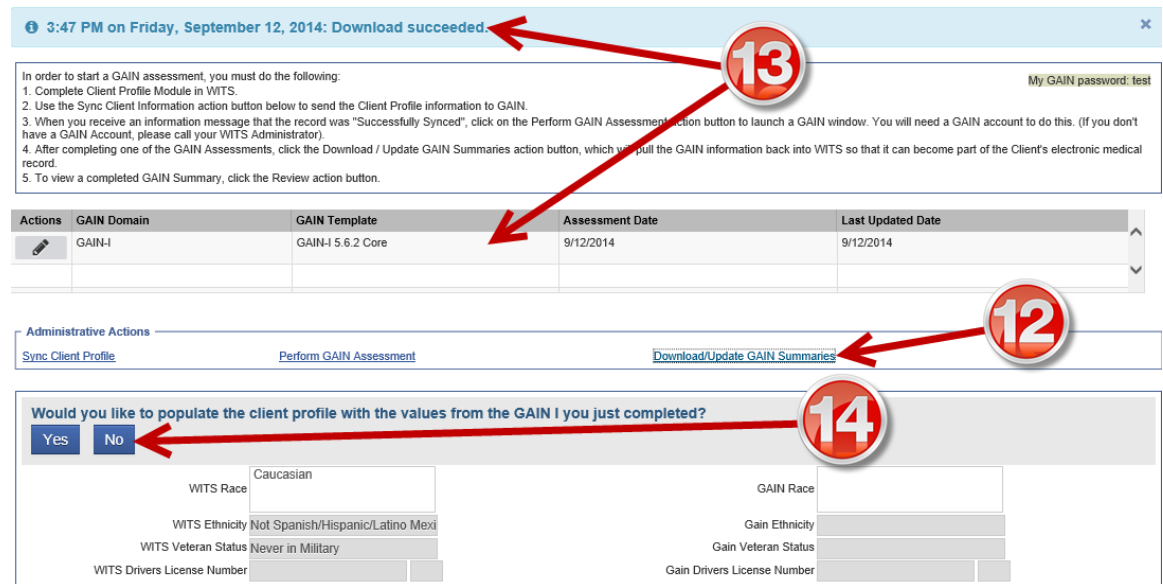
DOWNLOAD THE GRRS REPORT INTO WITS

NOTE: Download only the final (edited) GRRS Report into WITS. Click Sync Client Profile if necessary before downloading.

13. Click **Sync Client Profile**, and click **Download/Update GAIN Summaries**.

14. Verify GRRS downloaded successfully.

15. Select **No** when asked populate the client profile with the values from the GAIN-I you just completed.

CREATE A CONSENT TO DHW CONTRACTOR

1. Click **Consent** under the **Activity List** on the Navigation Pane (left menu) and click **Add New Client Consent Record.**

2. Select **DHW Contractor** in **Disclosed to Agency** and enter a **Purpose for Disclosure**.

3. Enter the **Intake Date** as the **Earliest date of services to be consented**. Select **Yes** for **Has the client signed the paper agreement form.**

4. Click **Save**.

NOTE: The Disclosure Selection has been preset to include the records that need to be consented.

CREATE THE REFERRAL TO DHW CONTRACTOR

1. Click **Create Referral Using this Disclosure Agreement**.

2. Select the **Reason**.

3. Select **Yes** for **Is Consent Verification Required?** and **Is Consent Verified?**. Select **No** for **Continue this Episode of Care?**.

4. Select **Central Office** for **Facility** and **IYTP** for **Program**.

5. Click **Save** and **Finish**.

Client Disclosure Agreement

Create Referral Using this Disclosure Agreement

Note: Consented information may not be redisclosed.

Client Name:	Nou, Cindy
Unique Client Number:	20911196000003I
Disclosed From Agency:	Department of Health & Welfare
Entities with Disclosure Agreements	DHW Contractor
System Agency	Yes
Disclosed To Agency	DHW Contractor
Disclosed To Entity (Non System Agency)	
Purpose for disclosure	Referral for Client Treatment
Earliest date of services to be consented	9/10/2014
Has the client signed the paper agreement form	Yes
Date client signed consent	9/12/2014

Client Information Options
Admission
ASAM
CAFAS® Assessment
CALOCUS Assessment
Client Eligibility
Court Monitoring Form
Discharge
Discharge/Continuing Care Pla
Dispensary Order Detail

Consent Expires Upon
○ Discharge(UD) +Days
○ Date Signed(DS) +Days
○ Other Event(OE) Exp
○ Crim Just Cond (CJC) Exp
Description

Disclosure Selection
Client Information (Profile) (UD, +365)
Consent (UD, +365)
GAIN-I Summary (UD, +365)
Intake Transaction (UD, +365)

Referral

Referred By

Agency	Provider Training Agency
Facility	Treatment Location 1
Staff Member	Schreiber, Kymberlee
Program	Treatment Location 1/IYTP : 12/8/2014 -
State Reporting Category	Adolescent GAIN-I Assessment
Reason	Client requested referral
If Other	
Is Consent Verification Required?	Yes
Is Consent Verified?	Yes
Continue This Episode of Care?	No

Comments

Referral Status	Referral Created/Pending
Referral Date	12/15/2014
Projected End Date	
Created Date	12/15/2014 2:20 PM

Referred To

Signed Consents	DHW Contractor
Agency	DHW Contractor
Facility	Central Office
Staff Member	
Program	IYTP (I)
State Reporting Category	
Non-System Agency	
Non-System Modality	
Non-System Specifier	
Appt Date	Undetermined

Consents Granted
Consent Date:11/1/2014
Disclosure Domains:
Admission (UD, +365)
Client Information (Profile) (UD, +365)
Consent (UD, +365)
Discharge (UD, +365)
GAIN-I Summary (UD, +365)

Cancel   Save   Finish

CREATE THE ADMISSION

1. Click **Admission** on the Navigation Pane (left menu).

2. The Admission Profile will appear. **Complete all required fields**.

NOTE: # of Prior SA Tx Admissions, Client Reported Health Status, Mental Health Problem, and Education values will populate from the GAIN-I Assessment.

3. Click ➡ to advance to the Financial Info screen.

Complete the Admission – Financial Information, Household Composition, & Substance Abuse

4. **Complete all required fields**.

NOTE: Employment Status, Primary Income Source, Marital Status, and Living Arrangement values will populate from the GAIN-I Assessment.

5. Click ➡ to advance to the Substance Abuse screen.

6. **Complete all required fields**.

NOTE: Primary Substance, Secondary Substance, Tertiary Substance, and At what age did the client FIRST use the substances indicated above values will populate from the GAIN-I Assessment.

7. Click **Save** and click ➡ to advance to the Legal History screen.

Complete the Admission – Legal History & ASAM

8. Enter **# of Arrests in Past 30 days**.

9. Click ![arrow] to advance to the ASAM screen.

10. Enter the **Level of Care** for each Dimension.

NOTE: Comments under each Dimension will populate from the GAIN-I Assessment.

11. Review and update **Comments** under each Dimension, as needed.

12. Click **Save** and click ![arrow] to advance to the Client Diagnosis screen.

Admission

Legal History

Legal Status
Case Pending
Probation
Parole
Incarcerated

Selected Legal Status

Drug Court Participation
\# of Arrests in Lifetime
\# of Arrests in Past 12 Months
\# of Arrests in Past 30 Days 0

⑧ **⑨**

Cancel Save Finish

ASAM — PPC2R **⑩**

Dimension		Level of Care
1 - Acute Intoxication and/or Withdrawal Potential	Level of Risk	I.0 Outpatient
	Comments	01/01/2015: Monitor for change in intoxication or withdrawal symptoms. 12/04/2014: Engaging in detoxification services if needed. Gene reported no current or lifetime history of withdrawal symptoms or detoxification services. Based on the information provided,
2 - Biomedical Conditions and Complications	Level of Risk	I.0 Outpatient
	Comments	During the past year, Gene rated his overall health as [MISSING DATA]. Gene reported standing about [MISSING DATA] inches tall and weighing approximately [MISSING DATA] pounds without shoes. According to these statistics, underweight.
3 - Emotional, Behavioral, or Cognitive Conditions and Complications	Level of Risk	I.0 Outpatient
	Comments	Gene scored in the no/minimal range of the Cognitive Impairment Screen at the time of the evaluation. 04/01/2015: Monitoring for change in Gene's emotional, behavioral, or cognitive
4 - Readiness to Change	Level of Risk	I.0 Outpatient
	Comments	12/04/2014: Staff should check for a possible misunderstanding of the problem or the treatment history and explain or recode as necessary. Gene reports a history of substance use treatment but no history of substance use problems.None Reported.Based on Gene's
5 - Relapse, Continued Use, or Continued Problem Potential	Level of Risk	I.0 Outpatient
	Comments	Combined with the problems above and risks from the recovery environment below, the following conditions are possible influences on Gene's risk of relapse or continued use. None reported.
6 - Recovery / Living Environment	Level of Risk	I.0 Outpatient
	Comments	The following are features of Gene's environment that may be critical to recovery: [No Information] [No Information]

⑪

Recommended Level of Care I.0 Outpatient
Actual Level of Care

Clinical Override

⑫

Comments

ASAM Notes

Cancel Save Finish

Complete the Admission – Client Diagnosis

13. Enter a **Primary Diagnosis**.

14. Click **Save** and **Finish**.

Client Diagnosis

Primary | 305.00-Alcohol Abuse(DSM IV)
Secondary |
Tertiary |

Based on Clinical Impressions?
Based on Clinical Impressions?

Based on Clinical Impressions?

Axis I	Code	Description	Specifier	Principal	Created/Updated

Axis II	Code	Description	Specifier	Principal	Created/Updated

Axis III	Code	Description	Specifier	Principal	Created/Updated

Axis IV	Code	Description	Specifier	Principal	Created/Updated

Axis V

Edit Axis Evaluation

Cancel   Save   Finish

CREATE THE CLIENT GROUP ENROLLMENT

1. Click **Client Profile** on the Navigation Pane (left menu). Click **Client Group Enrollment**.

2. Click **Add Government Contract Enrollment**.

3. Select the **IYTP Contract** and enter a **Start Date**.

4. Click **Save**.

CREATE THE PROGRAM ENROLLMENT

1. Click **Program Enroll** on the Navigation Pane (left menu).

2. Click **Add Enrollment**.

3. Select the Program Name **IYTP Program** and enter a **Zero (0)** for **Days on Wait List**.

4. Click **Save** and **Finish**.

COMPLETE THE GPRA

*NOTE: **Follow the steps below when completing the GPRA Intake, GPRA 3 Month Followup, GPRA 6 Month Followup, and GPRA Discharge.***

1. Select **Activity List** on the Navigation Pane (left menu).

2. Click **GPRA** on the Navigation Pane (left menu).

3. Click **Add GPRA Intake**, **Add GPRA 3 Month Followup**, **Add GPRA 6 Month Followup**, or **GPRA Discharge**.

4. Complete the GPRA assessment.

5. Click **Finish**.

CREATE A PROVISIONAL VOUCHER

1. Click **Client Profile**, and click **Authorization**.

2. Click **Add New Authorization Record**.

3. **Group Enrollment**, **Plan**, and **Contract**, will default to **IYTP**.

4. Enter the **End Date** of your request. This date should not exceed 6 months. The **Effective Date** defaults to the date of entry; change this as necessary.

5. Enter a note in the **Comments** box that the **GAIN has been completed and consented**.

6. Click **Save**, then click **Add Service**.

7. Choose **IYTP GPRA Interview** as the **Service**. Enter **four (4)** units as **# Authorized Units**.

8. Click **Save** and **Finish**.

9. Choose **IYTP Treatment Program Services** as the **Service**. Enter **250** units as **# Authorized Units**

10. Click **Save** and **Finish**.

11. Click **Save** and **Finish,** again.

Authorized Services

Service	GPRA Interview (IYTP)
Authorization #	2206
# Authorized Units	4
# Used Units	0
Authorized Amount	$93.08

Cancel   Save   Finish

Authorized Services

Service	IYTP Treatment Program Services
Authorization #	2206
# Authorized Units	350
# Used Units	0
Authorized Amount	$3,234.00

Cancel   Save   Finish

Authorization

Group Enrollment	IYTP	Status	Provisional
Plan	IYTP	Contract	IYTP1 - DHW-Provider Training (IYTP) / 10/1/2013 - 9/30/2017 - IYTP-IYTP
Authorization #	2206	Date Approved	12/9/2014
Administering Agency	Provider Training Agency	Updated Date	12/9/2014 3:54 PM
Effective Date	12/9/2014	Updated By	Schreiber, Kymberlee
End Date	6/9/2015		

Comments
GAIN has been completed and consented.

Authorized Services List   Add Service

Actions	Service	Authorized Units	Authorization Amt	Encumbered	Expended	Available Units
✏	GPRA Interview (IYTP)	4	$93.08	$0.00	$0.00	4.00
✏	Outpatient	350	$3,234.00	$0.00	$0.00	350.00

Actions

...rized:	$3,327.08
...ered:	$0.00
...ed:	$0.00
...tal Available	$3,327.08

Cancel   Save   Finish

20